

Virginia Department of Social Services
Division of Licensing Programs



INITIAL APPLICATION FOR A LICENSE
TO OPERATE A
CHILDREN'S RESIDENTIAL FACILITY

Please type or print legibly using permanent, black ink.

A completed application including supplemental information required shall be submitted in the form prescribed by the Commissioner. No application shall be deemed complete until all the required information is submitted. The licensure review process will begin after a complete application is received.

1. SPONSORSHIP, ORGANIZATION AND GENERAL INFORMATION: Identify the person, partnership, corporation, association, limited liability company, or governmental agency applying to lawfully establish, conduct, and provide service:

Check one(1) of the following:

☐ Non-Profit ☐ For-Profit

Check one(1) of the following:

☐ Individual ☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Association ☐ Unincorporated Organization
☐ Public agency (specify) _____
☐ Other (specify) _____

Name of Sponsor : _____

Sponsor's Address: _____

City: _____ County _____ State: _____ Zip: _____

Phone: () _____ Email: _____ Tax Identification Number: _____

CHIEF ADMINISTRATIVE OFFICER :

Name: _____ Title: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

PROGRAM DIRECTOR :

Name: _____ Title: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

COMMUNITY LIAISON: (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

Liaison Name: _____ Phone: () _____ E-mail _____

FACILITY INFORMATION:

Name: _____

Street Address: _____ City: _____ Zip Code: _____

County: _____ Facility telephone number: () _____ - _____ Facility fax number: () _____ - _____

Facility e-mail address: _____

Mailing Address: If different from physical address location: _____

Directions to the Facility: _____

2. POPULATION:

Requested Capacity: _____

Gender: ☐ Male ☐ Female ☐ Both

Minimum Age: _____

Maximum Age: _____

For Mother/Baby Programs:

Minimum Age Of Infant/Toddler Children: _____

Maximum Age Of Infant/Toddler Children: _____

3. SPECIALITY PROGRAMMING:

Complete this section to identify programming. Place a check next to the appropriate category below:

- ☐ No Specialty Program
- ☐ Temporary Emergency Care Shelter Program
- ☐ Independent Living Program
- ☐ Wilderness Program
- ☐ Mother/Baby Program

4. EDUCATIONAL SERVICES:

The children admitted to this facility will receive their educational services through enrollment in: (Check all that apply.)

- ☐ The local public school system
- ☐ A day school licensed by the Virginia Department of Education
- ☐ An alternative school licensed or certified by the Virginia Department of Education
- ☐ The school operated by my facility
- ☐ Other (Specify) _____

OPERATING YOUR OWN SCHOOL:

☐ Yes, the facility plans to operate a school

☐ No, the facility will not operate a school

(If the answer to the above question is "no, the facility will not operate a school" skip to the next application category "Service Information".)

If the facility plans to operate a school, it is mandatory that the facility make contact with the Virginia Department of Education (VDOE) and receive a license from VDOE to operate the school prior to beginning these services.

Provide the following information based on your contact with VDOE:

The name of the VDOE staff person spoken to: _____;

The date contact was made: _____; and

The name of the person from the facility who made the contact: _____.

5. SERVICE INFORMATION:

This section specifically requires the facility to indicate how the facility plans to ensure the behavioral health and mental health needs of the residents are met. Include a detailed description of these services in your comprehensive written description.

(NOTE: Under the attachment section of this application, the facility is required to provide a comprehensive description of the types of services the facility will offer to the residents both on site at the facility and away from the facility.)

Specify who will provide therapy and professional counseling to the residents. (Check all that apply).

- ☐ A licensed credentialed individual or agency in that individual's office away from the facility location;
- ☐ A licensed credentialed individual or agency through a contractual agreement at the facility location; or
- ☐ Facility employees located in an office away from the facility location or at the facility location (an individual providing therapy and professional counseling is required to be licensed by the Commonwealth.)

6. RESIDENTIAL ENVIRONMENT (List all buildings below. Include additional pages if necessary)

Name or Number of Building	Date of construction or Date of Last Structural Modification	Function	Number of Residents

7. OWNER OF THE PHYSICAL PLANT

Name	
Address	
Telephone Number	()

8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

9. REQUIRED ATTACHMENTS

A. Completed Staff Information Sheet (Listing of staff members with designated positions, qualifications, etc.)	
B. Resumes of All Staff Identified On The Staff Information Sheet	
C. Job Descriptions For Each Position Listed On The Staff Information Sheet	
D. Written Staffing Schedule For The First Month Of Operation	
<u>9. REQUIRED ATTACHMENTS (Continued)</u>	
E. A Copy Of The Organizational Structure	

<p>F. Governing Board:</p> <p>1. <u>Private Facilities:</u></p> <ul style="list-style-type: none"> a. A List Of All Members Of The Board and The Executive Committee; b. The Title Of Each Board Member; c. The Addresses For Each Member Of The Board And Executive Committee; And, d. Completed Reference Sheet For Three Officers Of The Board Including The President, Secretary/Treasurer And A Member-At-Large. 	
<p>G. Comprehensive Written Descriptions Addressing:</p> <ul style="list-style-type: none"> 1. Philosophy And Objectives Of The Organization; 2. Population To Be Served/Criteria For Admission; 3. Types Of Services To Be Offered At The Facility and Away From the Facility; 4. A Copy Of Any Brochures, Pamphlets, Information The Facility Will Distribute To The Public Or Placing Agencies; 5. Intake And Admission Procedures; 6. Exclusionary Criteria; 7. How Educational Services Will Be Provided To The Population Served Including An Alternate Plan For Children Who Are Not Accepted Into Public School If The Primary Education Plan Is For Residents To Attend Public School; And, 8. Supervision Policies and Procedures: including contingency plans for resident illnesses, emergencies, away from the facility activities, and resident preferences. 	
<p>H. Budget</p> <p>1. <u>Private Facilities:</u></p> <ul style="list-style-type: none"> a. Working Budget Showing Projected Revenue And Expenses For The First Year Of Operation; b. Documentation Of Funds Or A Line Of Credit Sufficient For 90 Days Of Operating Expenses; And c. Balance Sheet Showing Assets And Liabilities. <p>2. <u>State And Local Government Operated Facilities:</u></p> <ul style="list-style-type: none"> a. Appropriated Revenue And Projected Expenses For The Coming Year. 	
<p>I. A copy of the Certificate of Use and Occupancy</p>	
<p>J. Copy Of The Building Floor Plan For All Floors Of The Building To Be Used. Include On The Floor Plan The Following Information:</p> <ul style="list-style-type: none"> 1. The Exact Dimension Of Each Room To Be Used Including Length, Width, And Ceiling Height; 2. The Designation Of The Function Of Each Room On The Floor Plan; And 3. The Number Of Basins, Tubs, Showers, And Commodes In Each Bathroom. 	
<p>K. Current Report Of Sanitation Inspection.</p>	
<p>L. Documentation Of Evidence Of Consultation With State Or Local Fire Prevention Authority.</p>	
<p>M. Evidence Of Authority To Conduct Business In Virginia.</p>	
<p>N. Application Fee In The Amount Of \$500.00 Paid By Personal Check, Money Order, Or Certified Check Made Out To The "Treasurer Of Virginia".</p>	

Certifications

In making this application, I certify that:

- 1. I am in receipt of and have read a copy of the standards applicable for the licensure of children's residential facilities.**
- 2. It is my intent: (a) to comply with applicable statutes and the aforementioned standards, and (b) to maintain compliance with them.**
- 3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operation, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Departments' representatives will make announced and unannounced visits to determine continuing compliance.**
- 4. I understand that sanitation inspections and documentation that building and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code are required on an annual basis, as applicable, and intend to obtain the required inspections and submit inspection reports.**
- 5. I understand that, in the event this application is denied, I have appeal rights.**
- 6. To the best of my knowledge and belief, all information related to this application is accurate and complete. Additional information will be supplied as requested during investigation of this application and all subsequent investigations.**
- 7. I am in receipt of and have read the information provided regarding the siting of children's residential facilities.**
- 8. I understand § 63.2-1712 of the Code of Virginia declares that any person and each officer and each member of the governing board that operates or engages in the conduct of a child welfare agency, which by definition includes a children's residential facility, shall be guilty of a Class 1 misdemeanor if he has not first obtained a required license to operate.**

(Signature)¹

(Title)

(Name Printed)

(Date)

If you have any questions concerning the application, please contact the Child Welfare Unit, Division of Licensing Programs, Virginia Department of Social Services at (804) 726-7139. Return this completed application and all required attachments to the address listed below.

**Virginia Department of Social Services
Division of Licensing Programs
Child Welfare Unit
7 N. Eighth Street, 3rd Floor
Richmond, Virginia 23219-1849**

¹ This application shall be signed by the individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility may sign the application.